

RECEIVED  
CENTRAL FAX CENTER  
SEP 02 2005

## CERTIFICATE OF TRANSMISSION

Date of Transmission: **02 September 2005**

I hereby certify that the following correspondence is being facsimile transmitted to the attention of the Director of the US Patent and Trademark Office on the above date via the following facsimile number: **571-273-8300**.

PTO/SB/30 Request For Continued Examination (RCE) Transmittal (1 sheet)

PTO/SB/17 Fee Transmittal Form (1 sheet)

PTO-2038 Credit Card Payment Form (1 sheet)

Application Number 09/732,570  
Confirmation No.: 6769  
Filing Date: 08 December 2000  
Document Submission Date: 02 September 2005  
**Docket: 1999P07535US04 (1009-064)**

Art Unit: 2193  
Examiner: Kang, Insun  
Inventor: Boggs, Mark Steven

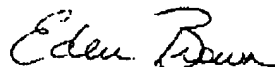
**Pages: 4**

02 Sep 2005

Date

Eden Brown

Name of Certifier



Signature of Certifier

**RECEIVED**  
**CENTRAL FAX CENTER**

PTO/SB/17 (12-04)

 Approved for use through 07/31/2008. OMB 0851-0032  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

SEP 02 2005

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number <b>09/732,570</b> Filing Date <b>08 December 2000</b> First Named Inventor <b>Boggs, Mark Steven</b> Examiner Name <b>Kang, Insun</b> Art Unit <b>2193</b> Attorney Docket No. <b>1999P07535US04 (1009-064)</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>790.00</b>			

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <b>60-2504</b> Deposit Account Name: <b>Michael N. Haynes</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
<b>Total Claims</b>							
<b>Extra Claims</b>							
<b>Fee (\$)</b>							
<b>Fee Paid (\$)</b>							
<b>Multiple Dependent Claims</b>							
<b>Fee (\$)</b>							
<b>Fee Paid (\$)</b>							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>							
<b>Extra Sheets</b>							
<b>Number of each additional 50 or fraction thereof</b>							
<b>Fee (\$)</b>							
<b>Fee Paid (\$)</b>							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							0
Other: Request for Continued Examination (RCE)							790

<b>SUBMITTED BY</b>		Registration No. 40,014	Telephone 434-972-9988
Signature <i>Michael N. Haynes</i>	Name (Print/Type) Michael N. Haynes	(Attorney/Agent)	Date 02 Sep 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.